

## BROOKLYN DEVELOPMENTAL CENTER

## ADAPTIVE EQUIPMENT SHOP WORK REQUEST

Program/RESIDENT VALARIE Young WING 314 DAY PROGRAM \_\_\_\_\_Requested by O.T. Date 2-3-05EQUIPMENT to be repaired or modified: \_\_\_\_\_  
(ie. wheelchair, chair, etc.)SERIAL NUMBER \_\_\_\_\_  
What needs to be done or problem description.

*Located, repaired and installed w/ lateral elevating legs.*

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Physician

Continue on other side or attach additional sheet, if necessary.

 DATE Referral received: 2-3-05 DATE Assigned: 2-3-05  
 AEB Assigned: [Signature] DATE Completed: 2-3-05  
 SIGNATURE OF PERSON RECEIVING EQUIPMENT: [Signature] DATE 2-3-05

 Total work time in hours: 1 HR Qty \_\_\_\_\_ Qty \_\_\_\_\_  
 Material used: ( ) H.D. polyethylene \_\_\_\_\_ ( ) Leg rests \_\_\_\_\_  
 ( ) Kydex \_\_\_\_\_ ( ) Wheels \_\_\_\_\_  
 ( ) Foam \_\_\_\_\_ ( ) Armrests \_\_\_\_\_  
 ( ) Naugahyde \_\_\_\_\_  
 ( ) Nuts \_\_\_\_\_ Bolts \_\_\_\_\_  
 ( ) Webbing \_\_\_\_\_  
 ( ) Other: \_\_\_\_\_

*2-3 P = 1 HR*